

Before you submit your Trauma Facility Application

While we do not expect that you will have every process fully and completely implemented prior to your first Trauma Facility site review, you need to have begun implementing the components of a trauma program with the key processes actively underway including;

TRAUMA PROGRAM

- Signed Resolutions supporting the trauma program from the Board and Medical Staff;
- Identified Trauma Medical Director with job description;
- Identified Trauma Coordinator with job description with dedicated time to fulfill trauma program activities;
- Multidisciplinary Trauma Committee:
 - Include all stakeholders: EMS, Medical, Nursing, Administration, Support Services for the purposes of;
 - Trauma Program Performance; assess and correct trauma program process issues including review/documentation of identified QI/PI;
 - Implementation of *timely* trauma case reviews for identification and documentation of issues in all phases of care and for all levels of care providers, potential solutions for improvements, corrections/strategies for improvement implemented, effectiveness of the corrections/strategies that were implemented and methods for monitoring recurrence of identified (or new) issues (loop closure).

CLINICAL TRAUMA CARE

- Identification of required Resources/Clinical capabilities;
- Trauma Team formed and implemented, including;
 - Members identified by roles/not individuals & posted;
 - Implemented written Trauma Team Activation criteria;
 - Method for activating the Trauma Team response (call tree, beeper system, etc);
 - Identification of activations for performance improvement review;
 - Identify the number of critical/injured/simultaneous patients that would overwhelm resources “above and beyond” the Trauma Team, whose optimal care requires different/higher level response (Disaster activation, etc);
- Trauma education requirements/completion for EMS, medical providers and staff providing trauma patient care;
- Diversion Policy, should your resources be temporarily unavailable;
- Interfacility Transfer agreements and guidelines consistent with your scope of trauma resources;
- Disaster Preparedness- written plan regularly updated with facility participation in community drills.

PERFORMANCE IMPROVEMENT

- the process whereby an organization monitors, assesses, and modifies the current level of performance in order to achieve better outcomes

- Identification of system or process issues that if modified will result in improved team performance and outcomes in the future
- Identify cases or clinical care issues warranting review to include, at a minimum;
 - All traumatic deaths, with evaluation/assignment of opportunity for improvement as follows (replaces previous “preventability” language);
 - Unanticipated mortality with opportunity for improvement (Previously “Preventable”)
 - Anticipated mortality with opportunity for improvement (Previously “Possibly Preventable”)
 - Mortality without opportunity for improvement (Previously “Non-Preventable”)
 - All Trauma Team Activations
 - All Trauma patients meeting activation criteria WITHOUT activations
 - All patients meeting Trauma Registry Inclusion Criteria WITHOUT activations
 - All Trauma Patients requiring inter-facility transfer

Medical Staff Trauma Care Peer Review;

- the process whereby physicians/medical providers evaluate the quality of work performed by their colleagues

- Response, appropriateness, timeliness of care, evaluation of care priorities- should be conducted as a confidential provider process without general committee attendance and reflected in the minutes. However, any sessions evaluating components of patient care must include participation of the Trauma Coordinator.
- Participation in statewide trauma activities, your Regional Trauma Advisory Committee (RTAC), regional/state PI and Trauma Registry;

Before a Trauma facility site review can be scheduled, your facility must be identifying trauma patients meeting inclusion criteria, activating trauma teams according to established criteria, actively reviewing trauma patients and their care, identifying care issues with possible solutions for improvement and submitting those patient abstracts regularly to the State Central Trauma Registry.

Questions? Give us a call or drop us an email:

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After your designation visit is scheduled;

It is helpful to understand components of the designation visit and how the medical records/patient cases and corresponding documentation for each case should be organized to facilitate the process including;

The site review team is responsible to obtain a detailed and accurate assessment of the facility's capabilities to meet the requirements in a very short period of time.

For this reason, we ask that the trauma program personnel prepare for the visit by having all documents and medical records organized and accessible to the surveyors.

Facility assessment will be based upon consideration of all pertinent information, including but not limited to:

- review of the application for designation;
- inspection of the facility and required equipment;
- interview with selected individuals;
- review of trauma committee minutes with attendance;
- review of documents including but not limited to signed inter-facility transfer agreements, physician call schedules for the last 3 months, and trauma education for nursing and medical providers;
- * review of medical records; please have the entire medical records available for those trauma patients meeting trauma registry criteria for the last year. Include all deaths, inter-facility transfers, pediatric patients, or any others that demonstrate trauma system issues;
- review of completed trauma registry abstract forms
- review of documentation of trauma performance improvement and multidisciplinary trauma committee meeting minutes;
- review of trauma education for medical and nursing staff;
- review of trauma policies / guidelines, injury prevention and education programs; and other documentation as necessary.

*The site reviewers will review the medical records for trauma patients meeting trauma registry criteria for the year identified in the application.

Once the medical record is read, the reviewer would like to see the corresponding completed trauma registry abstract form and performance improvement activities for each patient including trauma committee minutes when the case was reviewed.

Any outcomes from performance improvement such as education provided or guideline development should be included.

Optimally, the performance improvement documentation is copied and accompanies each separate trauma medical record.

All documentation of any activities pertaining to a specific medical record/case should be organized so they are together for review (trauma registry abstract, medical record, minutes documenting that case review, issues identified, actions taken , etc).

Any trauma policies or guidelines, transfer agreements, trauma education of medical and nursing staff, physician call schedules, and injury prevention will be reviewed at this time. The trauma coordinator and trauma medical director should be available for questions.